

**EUFAULA DORMITORY  
PRE-ENROLLMENT QUESTIONNAIRE**

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SEX: MALE ( ) FEMALE ( ) PHONE NUMBER: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_

*(If guardian, legal documentation must be provided.)*

ADDRESS: P. O. BOX \_\_\_\_\_ STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TRIBAL AFFILIATION: \_\_\_\_\_

*(All applicants must possess CDIB verification.)*

LAST SCHOOL ATTENDED: \_\_\_\_\_

*(All applicants must be eligible for enrollment in public school.)*

NUMBER OF ABSENCES AND GRADES: \_\_\_\_\_

*(A copy of previous year's report card and/or transcript must be provided for grade placement prior to admission.)*

HAS STUDENT ATTENDED A BOARDING SCHOOL BEFORE: \_\_\_\_\_ IF YES, WHERE,  
WHEN AND REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

REASONS FOR ENROLLMENT AT EUFAULA DORMITORY: \_\_\_\_\_

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EUFAULA DORMITORY  
716 SWADLEY DRIVE  
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FAX 918-689-2438  
eufauladormitorylrc@hotmail.com